

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1056

State File No.

FILED FEB 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>5474</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jamesport Rural</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jamesport Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 0400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>			b. (Middle) <u>E</u>	c. (Last) <u>REEDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 8 - 1897</u>		9. AGE (in years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>	IF UNDER 100 HRS. Hours <u>1</u> Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mason City, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Edward Reider</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Gay</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Lee Reider</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. E. Reider Jamesport Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Edema of Lung</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b) <u>Myocardial degeneration</u> <u>2 yr.</u>	
	DUE TO (c) <u>Arterial Sclerosis</u>					<u>11 yr.</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 7</u> , 1954, to <u>Jan 7</u> , 1954, that I last saw the deceased alive on <u>Jan 7</u> , 1954, and that death occurred at <u>11:55 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. B. Bailey</u>				23b. ADDRESS <u>400 1/2 Jamesport Mo</u>		23c. DATE SIGNED <u>1-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10 - 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jamesport Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-10-54</u>		REGISTRAR'S SIGNATURE <u>Gene Jai</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Roberson</u>		ADDRESS <u>Jamesport Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed Q. L. Roberson

Licensed Embalmer No. 3244

P. O. Address Greenport, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.